

# **EXHIBIT B**

CIGNA  
LS-BUS-TC  
PO BOX 3050  
EASTON PA 18043-3050



August 19, 2021

Telephone: 866.494.2111  
Cigna.com

PIERANGELA CALZONI BONELLI  
20 AVE PORT IMPERIAL APT 405  
WEST NEW YORK NJ 07093

Customer: Pierangela Calzoni Bonelli  
Customer ID #: [REDACTED] 81-01  
Reference Code: OP0934664132  
Effective Date(s): 08/19/2021 through 02/19/2022  
Setting: Office  
Employer: Om Log USA Inc  
Cigna Health Management, Inc., on behalf of Your Employer Plan

Para recibir información en español sobre un programa gratuito para ayudarle a mejorar su salud como parte de sus beneficios de salud, por favor, llame al 866.494.2111.

Dear Pierangela Calzoni Bonelli:

Cigna Health Management, Inc., a licensed utilization review agency, reviews certain health care services for coverage for Cigna. We received a request to cover the following service(s):

- 99214 Established patient office or other outpatient visit typically 25 minutes

After reviewing the information we have, we determined we cannot approve this request. This means the service is not covered. This letter explains why. It describes your right to ask for another review. It also describes the steps you or your health care professional can take to make that request. (We have also sent a copy of this letter to your provider(s).)

### **Summary of the Coverage Decision**

**Date Received:**

08/19/2021

**Coverage Decision:**

The service you requested is not covered.

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*Please understand: If you have or had this service, your plan will not pay for it.*

This service isn't covered, Roger Hartl, MD isn't in your network.

Letter Guideline: Decision based on the prevailing standard of care

The information received does not support your request for in-network coverage of intervertebral disc displacement lumbar region by an out-of-network provider, Dr. Roger Hartl, Surgery, Neurological. Similar services are available from in-network providers, and no compelling medical reason has been given as to why an exception should be made and this request approved.

For a list of in-network providers, please refer to your Provider Directory or contact your health plan. A network search has been conducted and these contracted providers are available (this list may not be all inclusive):

Michael L. Smith, MD, Surgery, Neurological, (888) 636-7840  
Rothman Orthopaedic Institute Of New York  
645 Madison Ave Fl 3&4 New York, NY 10022

Mark H. Bilsky, MD, Surgery, Neurological, (212) 639-8526  
Mskcc Surgery Group  
1275 York Ave # 705 New York, NY 10065

Nirit Weiss, MD, Surgery, Neurological, 212-241-6820  
Neurosurgery Department Of Mount Sinai  
5 E 98th St

Please note that your medical plan does not have out of network benefits.

There are health care professionals in your network who can perform the service(s). To find a list of these professionals, please visit Cigna.com.

### **Your Rights and Other Important Information**

#### **Your rights:**

1. You, your health care professional or your authorized representative can ask for free copies of the documents, guidelines or other information we used to make this decision. Here's how:
  - You or your authorized representative: Call Cigna Customer Service at the toll-free number on your ID card or call 866.494.2111.
  - Your doctor, hospital or health care professional: Call our Health Services Department at 866.494.2111.
2. Your health care professional can call our Health Services Department at 866.494.2111 to discuss this decision with a physician reviewer.
3. If you're still not satisfied, you can ask us to review our decision through the Appeal process.

**Request a review:**

If you disagree with the coverage decision, you, your authorized representative, or your health care professional on your behalf can start the Appeal process by sending a request within 180 days of the date of this letter (unless your health benefit plan permits a longer time).

*Here is how:*

1. Write or call us to ask us to review our decision.
2. If you request a review in writing, include the following:
  - A copy of this letter, if possible.
  - Any other information you want us to consider. You may have information we did not have when we made our decision.
  - Mail your request to:

Cigna  
National Appeals Organization  
P.O. Box 188062  
Chattanooga, TN 37422-8062

Attn: Appeal Coordinator

3. To request a review by phone, call:

866.494.2111

Or

FAX: 877.804.1679

**Note:** If your health plan is governed by the Employee Retirement Income Security Act (ERISA), you also may have the right to file a lawsuit under section 502(a) of ERISA.

If your coverage is provided under a non-federal governmental plan, instead of contacting EBSA, you may contact the Department of Health and Human Services Health Insurance Assistance Team (HIAT) at 1-888-393-2789.

**What happens in the Appeal process:**

- If you appeal, a doctor will review your request. This doctor doesn't work for or report to the doctor who made this first decision.
- The reviewer will make a decision no later than 30 days from when we receive your request.
- We'll mail you a letter with the decision within 30 days of your request.

**Expedited appeals**

In certain cases, we can make a decision more quickly --within 72 hours. This is called an expedited appeal. Your appeal may be expedited, if you haven't had the health care service yet and you're in one or more of these situations:

- You're appealing a denial to extend your hospital stay.
- Your health care professional believes a delay:
  - Might harm your life, health or ability to regain your full health.
  - Would cause you severe pain that can't be managed without the care or treatment you're requesting.

Expedited requests should be faxed to the number above. Write "EXPEDITED" on it. If you call or write us, let us know this is an expedited request.

### **Independent external reviews**

If you're not satisfied with our final decision, you may be able to ask for an independent, external organization to review it. This depends on your health plan and any federal or state requirements. External reviews may also be expedited. In urgent cases, an expedited external review can be done at the same time as our expedited internal review.

**Review your plan** to see what it does and doesn't cover.

### **For more information about your appeal rights:**

For questions about your appeal rights or for help requesting an appeal, call the Employee Benefits Security Administration at 1.866.444.EBSA (3272) or visit [askebsa.dol.gov](https://askebsa.dol.gov).

### **Additional Information related to the Affordable Care Act**

If you're not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements.

Your state may also offer a consumer assistance or an Ombudsman program to help you. Go online to [mycigna.com](https://mycigna.com), click on the Legal Disclaimer link at the bottom of the page, and select "State Ombudsman/Consumer Assistance Programs" from the drop down menu. If you have difficulty accessing the website, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

Please note that these program offices may not be the offices designated to receive your request for an external review. See the external review information above if applicable.

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional or go to [http://www.cigna.com/privacy/privacy\\_healthcare\\_forms.html](http://www.cigna.com/privacy/privacy_healthcare_forms.html), or call the Customer Service number on the back of your ID card.

If you have any questions about the information in this letter, please call Customer Service at the toll-free number on your ID card. An associate is available to help you 24 hours a day, 7 days a week.

Sincerely,

John J Granato Jr, MD  
Medical Principal

If you have a hearing or speech impairment and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

C:  
ROGER HARTL, MD

Enclosure

875930 010116



## DISCRIMINATION IS AGAINST THE LAW

### Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on your ID card (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en su tarjeta de identificación (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số trên thẻ Hội viên của quý vị (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 귀하의 ID 카드에 있는 전화번호로 연락해주시오(TTY: 다이얼 711).

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa iyong ID card (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم لعلاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué sur votre carte d'identité (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no seu cartão de identificação (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na karcie identyfikacyjnej (TTY: wybierz 711).

**Japanese** – 注意事項: 無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカードの電話番号 (TTY: 711) まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero riportato sulla tessera di identificazione (Utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf Ihrer Krankenversicherungskarte an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna، لطفاً با شماره قید شده بر روی کارت شناسایی خود تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره گیری کنید).



If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagáana Bizaad wólta' nil nanitl'ahgo, saad bee níká'a'doowohígíí hółq. Áká'a'áyeed biníiyé t'áá shóqdi áká'anídaalwo'go dabinaanishígíí bich'í' hodíílnih éí naaltsoos bee nec hózinígíí bikáa'gi bibéesh bee hane'é yisdzoh.

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\*Your insurer or claim administrator has arranged with Cigna Health Management, Inc. and Cigna Behavioral Health, Inc. (if applicable) to provide utilization review and/or case management services.

